



BOBBY JINDAL, Governor

MARY L. LIVERS, Ph.D., MSW, Deputy Secretary

Office of Juvenile Justice

Attachment D.15.3 (a)

Social Services Referral Form

Youth Referred: _____

Client ID: # _____

Date of Birth: _____ Gender: _____

Parish: _____ City: _____

Parent/Guardian: _____

Contact Information: _____

Referred for: (please highlight service requested)

- ☐ Psychosocial Assessment and Recommendations for Mental Health Services
- ☐ Strengths/Needs Assessment
- ☐ Crisis Assessment and Intervention
- ☐ Individual Service Plan Collaboration
- ☐ Permanency Plan Collaboration
- ☐ Alcohol/Substance Abuse Assessment
- ☐ Parent Education and Supportive Counseling
- ☐ Advocacy
 - ✓ Education: SBLC, IEP, Individual Behavior Plan
 - ✓ Juvenile Court Proceeding: Court Appearance, Court Letter
 - ✓ Social Service: WTF, ISC
- ☐ Resource/Referral Assistance/Quality Assurance Oversight
 - ✓ Multi-Systemic Therapy (MST)
 - ✓ Community Based Alcohol and Drug Treatment Programs
 - ✓ Community Based Mental Health Programs and Providers
 - ✓ Transitional Living Program
 - ✓ Court Empowerment Program
 - Functional Family Therapy
 - Big Brother/Big Sister program

Other: _____

Referred by: _____ Date: ____/____/____

Case Staffing: _____ Date: ____/____/____

Estimated Date to Open Case: ____/____/____ Initials of P.O. _____ SS Staff _____